


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722115 (3)
1. Corporation Name
TRIANON CONDOMINIUM APARTMENTS ASSOCIATION, INC.



Principal Place of Business Mailing Address
1200 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401
1200 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401-6710

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

3. Date Incorporated or Qualified 11/18/1971
3a. Date of Last Report 04/04/1996
4. FEI Number 59-1500005 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PREEFER, BEATRICE
1200 S. FLAGLER DRIVE
APT 1502
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *Beatrice Prefer* DATE: 1-14-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <i>PRESIDENT D</i> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREEFER, BEATRICE	1.2 NAME	
STREET ADDRESS	1200 S. FLAGLER DRIVE #1502	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VPD <i>V. PRESIDENT D</i> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLETTE, RICHARD	2.2 NAME	
STREET ADDRESS	1200 S. FLAGLER DRIVE #1202	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD <i>TREASURER D</i> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDD, PAULINE	3.2 NAME	
STREET ADDRESS	1200 S FLAGLER DR #904	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD <i>SECRETARY D</i> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, JAMES	4.2 NAME	
STREET ADDRESS	1200 S FLAGLER DR #605	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	ATD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAGNA, ROBERT	5.2 NAME	<i>ATD SHILLESTAD, ISABEL</i>
STREET ADDRESS	1200 SOUTH FLAGLER DRIVE #PH-6	5.3 STREET ADDRESS	<i>1200 S. FLAGLER DR #1603</i>
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	<i>WEST PALM BEACH, FL. 33401</i>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Beatrice Prefer* (BEATRICE PREEFER) DATE: 1-14-97 (561) 832-5666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0038043

CR2E037 (9/96)